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(Requestor's Name)
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PICK-UP WAIT MAIL
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DEPARTMENT OF STATIONS

OF CORPORATIONS

FILED SECRETARY OF STATE

B. BOSTICK

DEC 18 2014

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EXAMINER:

ACCOUNT NO. : I2000000195		
REFERENCE : 426773 7370590		
AUTHORIZATION :		
AUTHORIZATION : Spelbele man COST LIMIT : \$1,25.00	,	
ORDER DATE : December 18, 2014 ORDER TIME : 1:33 PM		·
ORDER NO. : 426773-010		
CUSTOMER NO: 7370590		
FOREIGN FILINGS NAME: MEADOW LANE HH LLC		
XXXX QUALIFICATION (TYPE: <u>LL</u>)	2014 DEC 18 P SEGRETARY OF S TALLAHASSEE. FL	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	SK Z	C
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	TE IDA	
CONTACT PERSON: Courtney Williams EXT# 62935		

COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	Meadow Lane H	H LLC	
SUBJECT:	Nar	ne of Limited Liability Company	
			ansact Business in Florida," Certificate of y company to transact business in Florida
Please return	all correspondence concerning this m	atter to the following:	
	Paul Forte		
		Name of Person	
		Firm/Company	
	1620 26th Stree		
	Santa Monica, paul@calvinklei	City/State and Zip Code	SECRETALLAHA
		: (to be used for future annual report notific	ation)
For further int	formation concerning this matter, plea	se call:	ס פּרֵי
Er	rika Kleiman	a ₁ (424) 277	7-3781 \(\overline{\text{SE}}{2}\) \(\overline{\text{SE}}{2}\)
Divis	Name of Contact Person LLING ADDRESS: sion of Corporations stration Section	Area Code Da STREET ADDRESS: Division of Corporations Registration Section	ytime Telephone Number
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	a check for the following amou 25.00 Filing Fee \$\square\$ \$130.00 Filin Certificate of	g Fee & □ \$155,00 Filing Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(lf n	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name mu	st includ	e "Limite	ed
Liab	bility Company," "L.L.C," or "LLC.")			
	Delaware 3. 47-2568416			
(J	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)			
4	N/A			
7	(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)			
5.	4452 N. Bay Road, Miami Beach, FL 33140			
•		SECH	1102	
-	(Street Address of Principal Office)	100	哥	•
6	1620 26th Street, Suite 1040 N, Santa Monica, CA 90404	SS	_	Ī
		77	- 03	ľ
-	(Mailing Address)	- TT - CS	_U	ř
_		82	$\dot{\omega}$	
1.	The name, title or capacity and address of the person(s) who has/have authority to manage	mina√are: ≿>	12	
Erik	ka Lynn Kleiman, Attorney, Kellman & Kleiman, 2615 Pacific Coast Hwy, Suite 300, Hermosa Beach	n, CA 9	0254	
Pa	nul Forte, Director of Finance,1620 26th Street, Suite 1040 N, Santa Monica, (CA 90	404	
				
hav acco	Attached is an original certificate of existence, no more than 90 days old, duly authenticateding custody of records in the jurisdiction under the law of which it is organized. (A photoceptable. If the certificate is in a foreign language, a translation of the certificate under oath st be submitted)	opy is	not	

Erika Kleiman, Partner Kellman & Kleiman

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

lf unavailable,	the alternate to be used in	the state of Florida is:	
,			
2. The name a	and the Florida street addre	ess of the registered agent and office are:	
	Corporation Service Com	pany	7.
		(Name)	2814 Sec —
			7330 mm b
	1201 Hays Street		DEC RETA AHAS
	-	Address (P.O. Box NOT ACCEPTABLE)	DEC 11 RETAR) AHASSE
	-	Address (P.O. Box NOT ACCEPTABLE) 32301 FL	DEC RETA AHAS

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

By: Orus Wood (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEADOW LANE HH LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEADOW LANE HH LLC" WAS FORMED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5658440 8300

141557033

CATION: 1972315

DATE: 12-18-14

You may verify this certificate online at corp.delaware.gov/authver.shtml